

- Medical marijuana already exists. It's called Marinol. It is found to relieve the nausea, vomiting, and loss of appetite associated with treatments for cancer and AIDS patients.
- Marinol has been studied and approved by the medical community and the FDA. The active ingredient in marijuana – THC – is scientifically regulated in Marinol.
- A low dose of marijuana is 1 joint that costs about \$8.57. The same dose of Marinol costs about \$9.05. However, most insurance companies cover marinol which costs the patients \$0 to \$20 co-pay per prescription. [6]
- If there are any other medically viable ingredients in marijuana then let them go through the same approval process as any other drug and be dispensed by licensed pharmacists. Don't let a mis-guided out of state group compromise the safety and well being of Montana citizens.
- The initiative that put medical marijuana in place was passed with the idea of giving relief to people with no other alternative. There are other alternatives. The persons truly in need of relief are the ones most hurt by medical marijuana. People are being sold, uncontrolled, untested, unproven product with no safety controls, at a premium.
- I have spoken to many people that voted for the initiative, and they say, if they knew then, what they know now, they would never have voted for it.
- The initiative was written and funded by the Marijuana Policy Project, a California based organization. They paid \$554,505.00, 99.9% of the cost to promote the initiative. It never was a Montanan driven initiative.
- Robert Stutman, a former special agent of 25 years with the U.S. Drug Enforcement Administration, states that drugs are devastating our communities, homes and workplaces, and we fail to deal with this in a way that will make a substantial change. [8] Now as a legislative body there is a chance to make change. If you don't approve this bill you further legitimize the use of marijuana. You send the message to our children and the public as a whole that marijuana really isn't bad for you when in reality study after study tells of the harmful permanent affects of marijuana use, especially when started at a young age. However, if you approve this bill you are taking a positive stand for our children and society as a whole. You are saying "NO I WILL NOT LET THIS INSIDIOUS DRUG CONTINUE TO DAMAGE OUR CHILDREN".

In conclusion:

- Medical marijuana is in our schools and is having a detrimental affect on

We support HB161

- Marijuana use among high school students has increased over the last few years. This is a direct result of the passing of the medical marijuana law.
- Students with medical marijuana cards or access to medical marijuana through a parent sell 5\$ bowls at lunch time.
- Administrators and teachers are powerless to do anything about it and are spending more and more time dealing with medical marijuana issues and less and less time educating.
- The legislature has the responsibility to support education not impede it by allowing medical marijuana into our schools.
- Medical Marijuana is a fallacy. There is nothing medical about it. It is NOT approved by the FDA
- The FDA was established in 1906 to ensure that drugs marketed in the US go through rigorous testing to ensure their safety and effectiveness.
- Medical Marijuana's safety and effectiveness have not been proven. In fact there is much evidence to the contrary.
- A 36 year study by the University of Mississippi has shown that marijuana is not medically viable as a medicine. . These studies have proven that marijuana is an insidious, physically damaging, mind altering, psychologically addicting drug that makes users irrational and emotionally unstable while damaging their immune system.
- A study published by the British Journal of Psychiatry in 2005 found that 44.5%, of a sample of Cannabis users were diagnosed with Schizophrenia-spectrum disorders. There was a much higher chance of schizophrenia later in life for males that started using Cannabis at a younger age.
- Many Doctors choose not to recommend marijuana because it causes more known health complications, and addictive effects than legal anti – emetics.
- There is four times the level of tar in a marijuana cigarette, for example, than in a tobacco cigarette.
- The Montana Pharmacy Association will not support dispensing marijuana until medical research proves the drug's effectiveness. Pharmacists are allowed to dispense only drugs that are FDA approved. Marijuana is still considered an illegal drug by the federal government. [7]

education and safety.

- Medical marijuana is uncontrolled, untested, unsafe, and is not approved by the FDA.
- There is an FDA approved safe alternative to Marijuana called marinol those most insurance companies cover the costs of.
- Marijuana is known to be harmful to those that use it.
- Marijuana is considered an illegal drug by the Federal Government.
- The initiative that put marijuana in our schools was passed because of mis-leading ads funded by an out of state special interest group.
- The best solution is to repeal the medical marijuana law.

We ask that you do what is truly right for all the people of this state by approving this bill and repeal the medical marijuana law.

BEST ROADS

RANK	STATE
1	KANSAS
2	WISCONSIN
3	MONTANA
4	NEW MEXICO
5	UTAH
6	NORTH DAKOTA
7	WYOMING
8	NEBRASKA
9	VIRGINIA
10	OREGON
11	ILLINOIS
12	WASHINGTON
13	GEORGIA
14	ARIZONA
15	INDIANA
16	DELAWARE
17	MINNESOTA
18	COLORADO
19	TENNESSEE
20	FLORIDA
21	OHIO
22	MAINE
23	IDAHO
24	NEVADA
25	VERMONT
26	SOUTH DAKOTA
27	MICHIGAN
28	ALABAMA
29	TEXAS
30	ALASKA
31	ARKANSAS
32	IOWA
33	MASSACHUSETTS
34	KENTUCKY
35	SOUTH CAROLINA
36	NORTH CAROLINA
37	NEW HAMPSHIRE
38	MISSISSIPPI
39	CONNECTICUT
40	RHODE ISLAND
41	NEW YORK
42	MARYLAND
43	WEST VIRGINIA
44	MISSOURI
45	NEW JERSEY
46	OKLAHOMA
47	PENNSYLVANIA
48	CALIFORNIA
49	HAWAII
50	LOUISIANA

America is spending more money to build, maintain, and improve the roads, and it's paying off—give or take a few stretches of pavement and a few bridge spans. Rural Interstates are shaping up, for instance, but their heavily traveled urban counterparts are getting worse. The percentage of deficient bridges has increased for the first time in 25 years, and as almost any driver will attest, congestion isn't going away. But these trends are more than offset by good news about fatalities—sharply down year over year from 2006 to 2008 (though in 2008, 37,261 Americans died in accidents—more than double the number who died from homicides). To quantify how America's roads and drivers are doing, we factored in the latest data for spending, congestion, road and bridge condition, and safety to see how our states rate. Here's what you, your legislators, and your local highway officials can do to fix things and how you can stay alive while you drive.

THE RANKINGS

How We Did the Rankings

BEST ROADS

Using the latest data from the Federal Highway Administration, we factored in safety, congestion, and the condition of roads and bridges, ranking each state in each category. The average of the ranks was used to determine the final scores.

DEADLIEST

This is a simple ranking of fatalities per 100 million miles driven. Although Montana appears at No. 3 on the Best Roads list (good infrastructure, little congestion), it tops the Deadliest list in part because of drivers who drink, drive recklessly, or shun seat belts.

Edward A. Sylvestre of Quantitative Insights in Rochester, New York, supervised the calculations in consultation with David T. Hartgen, PhD, of the Reason Foundation, a public-policy think tank. Fran Losoya of Reader's Digest coordinated the project.

For complete results and a full description of our methodology, go to readersdigest.com/roadrankings.

DEADLIEST

OVERALL	STATE
1	MONTANA
2	LOUISIANA
3	SOUTH CAROLINA
4	WEST VIRGINIA
5	ARKANSAS
6	MISSISSIPPI
7	KENTUCKY
8	WYOMING
9	ALABAMA
10	NEVADA
11	OKLAHOMA
12	IDAHO
13	ARIZONA
14	FLORIDA
15	TENNESSEE
16	TEXAS
17	NORTH CAROLINA
18	MISSOURI
19	NEW MEXICO
20	GEORGIA
21	PENNSYLVANIA
22	DELAWARE
23	IOWA
24	NORTH DAKOTA
25	SOUTH DAKOTA
26	KANSAS
27	ALASKA
28	OREGON
29	INDIANA
30	COLORADO
31	OHIO
32	NEBRASKA
33	MARYLAND
34	NEW HAMPSHIRE
35	MAINE
36	UTAH
37	WISCONSIN
38	CALIFORNIA
39	HAWAII
40	VIRGINIA
41	VERMONT
42	ILLINOIS
43	MICHIGAN
44	WASHINGTON
45	NEW YORK
46	CONNECTICUT
47	NEW JERSEY
48	RHODE ISLAND
49	MINNESOTA
50	MASSACHUSETTS

TOP 10 DEADLIEST FOR SPEEDING

Alabama
Mississippi
South Carolina
Wyoming
Alaska
Montana
Pennsylvania
Missouri
Arkansas
Texas

TOP 10 DEADLIEST FOR DUI

Montana
South Carolina
Louisiana
Wyoming
West Virginia
Mississippi
North Dakota
Texas
Alabama
Arkansas

The group maintains that the ban would hurt patients in rural areas, but that's a lukewarm argument at best.

One only needs to look at the numbers to see that medical marijuana advocates have far exceeded the intent of the voter referendum that OK'd the use of the drug. According to the Department of Public Health and Human Services, there were more than 27,000 registered medical marijuana users in the state as of December. That's a nearly four-fold increase from a year earlier. It means that 1 in 35 Montanans are now medical marijuana users. And it's nearly double that when only adults are considered.

Montanans did not contemplate a wholesale legalization of marijuana when they voted to allow its use in those circumstances where other pharmaceuticals were less effective. And yet some marijuana advocates seem determined to achieve just that in increments by pushing the law and state regulations to the breaking point.

If they wish to avoid a backlash against this strategy, they would be wise to back down and heed the medical board's order.

And state lawmakers, for their part, need to stop dragging their feet and confront the issue, with some clear-cut regulations regarding the use and sale of medical marijuana.

Anything less will only invite further abuse.

BOZEMAN DAILY CHRONICLE

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11/19/2011 OUR OPINION

Medical pot issue demands attention

Medical marijuana advocates are doing themselves no favors when they defy the state's medical board's ban on prescribing the use of the drug via teleconferenced meetings between doctors and patients.

Such actions are testing the patience of Montana's voters, who had not anticipated such widespread use of marijuana when they approved its use for medical purposes several years ago.

The Montana Caregivers Network, which is based in Missoula, has been using Skype, an Internet video conferencing service, to arrange online meetings between patients and doctors. The doctors then prescribe the marijuana which then enables the patient to buy the drug legally.

In November, the state Board of Medical Examiners said the so-called Tele-Clinics do not meet state standards of care. This followed a previous board ruling that barred physicians from mass screenings of patients. Montana Caregivers complied with the first ban but is defying the ban on Tele-Clinics.

Teen marijuana use up, tobacco down

By MELISSA HEALY
Los Angeles Times

WASHINGTON — After nearly a decade in decline, marijuana is making a strong comeback among high school students, with growing use and softening attitudes about the risk of smoking pot starting in eighth grade. For the first time since 1981, high school seniors reporting they had smoked marijuana in the last 30 days outnumbered those who said they smoked cigarettes.

The National Institute on Drug Abuse on Tuesday issued its 2010 "Monitoring the Future" survey, a yearly look at kids' drug and tobacco use patterns and attitudes. The remarkable crossover of the lines for marijuana use and tobacco use is a victory for public-health campaigns aimed at stamping out cigarette smoking among teens. But the federal office that tracks illicit

drug use said it is driven by an uptick in youth marijuana use that is broad based and likely to continue.

In 2010, 21.4 percent of high school seniors said they had smoked pot in the month before, while 19.2 percent reported they were cigarette smokers. Twelfth-graders who acknowledged the daily use of marijuana reached its highest point since the early 1980s, 6.1 percent, and the numbers of eighth- and 10th-graders smoking pot daily (1 percent and 3 percent, respectively) also rose in 2010 over the previous year. Those students' attitudes about the risks of marijuana use have shown steady softening in recent years, suggesting to researchers that as eighth- and 10th-graders advance toward graduation, rates of pot smoking will continue to climb.

Dr. Nora Volkow, director of NIDA, called the rise in daily use of marijuana particularly troubling, given that more fre-

quent use, and by teens whose brains are still developing, has been shown to be more damaging to learning and memory than less frequent use.

Attitudes toward the use of the club drug Ecstasy also softened among eighth- and 10th-graders, as did use. Researchers called the increase an example of "generational forgetting," in which a lull in use is followed by an uptick in use by younger people who were not exposed to anti-drug messages.

Seniors were a little less likely this year than last to report they had abused the prescription pain medication Vicodin (8 percent had done so in the previous year, vs. 9.7 percent in 2009), although illicit use of the opioid painkiller OxyContin held steady, and was up among 10th-graders.

Pot, however, outpaced all of those, with roughly 1 in 3 high school seniors reporting they have smoked marijuana in the last year.

Boz Chronicle 12/15/10 Save

burn out

Think getting high is harmless fun? Teen Vogue reports on pot's hidden dangers.

At first glance, Alana* seems like anything but a typical pot smoker: Model-pretty, vivacious, and smart, the eighteen-year-old is enrolled in a competitive program at New York University and has won national accolades for her community service projects. But if you ask her about her smoking habits, she admits to sparking up a joint every now and then: "I've smoked pot over a dozen times, and I have a lot of friends who smoke daily. It's not a big deal at all."

That kind of laid-back attitude toward marijuana is common and is helping fuel a frightening trend, says the National Institute on Drug Abuse (NIDA). Their 2009 Monitoring the Future survey found that the rate of marijuana use among teens, which had been steadily falling for nearly two decades, is slowly edging upward, even as cigarette smoking is on the decline. For example, 15.9 percent of tenth graders said they used pot in the past month, compared with 13.8 percent in 2008. Experts believe that recent news coverage of the legalization of medical marijuana may be contributing to these worrisome stats. "There's the thought that if it's being used legally, it can't be that bad, which is false," explains Nora Volkow, M.D., director of NIDA. "In those cases, it's being prescribed by a physician for specific circumstances and at very particular doses—after all, it is a powerful drug," adds Cynthia J. Mears, D.O., an adolescent specialist at Children's Memorial Hospital in Chicago.

Certainly, the latest research on marijuana confirms that getting high can cause physical and mental effects beyond just feeling mellow. For starters, the marijuana available today is much more potent than that of the past—and can even be secretly laced with more dangerous drugs like crack cocaine and PCP. "When you buy marijuana, you never really

know what you're getting," warns Mears. Volkow adds, "We've seen an upswing in the number of emergency room admissions related to marijuana use." In addition, pot interferes with learning by impairing the brain's memory center, the hippocampus. "You won't be able to memorize information you're normally able to," says Volkow.

Furthermore, science is shedding more light on the complex psychiatric effects of marijuana, including what's known as amotivational syndrome, which is characterized by a loss of interest in activities. Lab tests have found that exposure to cannabinoids from pot during adolescence can directly affect the brain's reward system, making it less receptive, according to Volkow. "This means the same things that excited you in the past, like hanging out with your friends, will be less fun. Basically, smoking pot can change who you are," she says.

Some teens get high as a way to escape from pressure of everyday life, but marijuana only worsens the problem, she adds, saying, "Your body's naturally produced chemicals [called endogenous cannabinoids] help buffer your brain's stress response, and repeatedly getting high inhibits their production. When you're no longer under the effects of marijuana and you're also not producing your own cannabinoids, it makes you even more susceptible to stress"—which motivates you to light up again, creating a vicious cycle. Daily pot consumption is also linked to depression and anxiety, according to a study published in *Neurobiology of Disease*. Indeed, despite the humorous treatment marijuana often gets in movies and among friends, the truth is no laughing matter. "Your growing brain is like a fine-tuned instrument, susceptible to long-lasting changes. Using marijuana is like mortgaging it," says Volkow. "You're going to pay a price." —JANE SHIN PARK
**Name has been changed.*

Livingston man indicted as part of Outlaws motorcycle gang

BIG SKY NEWS SERVICE

A 46-year-old Livingston man was arrested in an undisclosed location in Park County early Tuesday morning -- part of a nationwide roundup of 27 leaders from a notoriously violent motorcycle gang.

John "Bull" Banthem, a "long-time Livingston area resident," is president of a prospective Outlaws motorcycle gang, Park County Attorney Brett Linneweber said Wednesday.

"He was actively recruiting members and trying to establish a chapter with influence between Livingston and Butte," Linneweber said. "The public should be aware, this is not a recreational biker group but an established dangerous and violent gang that engages in a wide range of crimes including murder, assault, extortion, witness intimidation, narcotics distribution and weapons violations."

Due to gang activity at the group's "clubhouse," a tattoo parlor on Park Street in Livingston, the shop had been shut down by Montana Rail Link, the building's owner, Linneweber said.

There have been multiple assault reports between gang members and individuals in the region, he added, but said he couldn't comment further on the ongoing investigation.

Banthem and 26 others were indicted in federal court in Virginia on charges ranging from conspiracy to commit violence, witness tampering, felony possession of firearms, drug trafficking and racketeering.

In February, at an Outlaws gathering in Waterbury, Conn., Banthem told undercover agents about his "plan to establish a large marijuana distribution network from Montana to Maryland," the indictment says.

The document also states that during a boss meeting in Lexington, N.C., when plans for an Outlaws function in Bozeman was discussed, Banthem also "described how

every member of the Montana chapter has a medical marijuana card and access to high grade marijuana."

Banthem was indicted on racketeering charges Wednesday, though he had been arrested a week earlier in Iowa when authorities there found he had five pounds of marijuana in his vehicle. Banthem had arranged to sell the marijuana to an undercover Outlaws member in Virginia for \$25,000.

In March, Banthem sold nearly three pounds of the drug to an undercover agent in Virginia, court documents say.

The several-year investigation resulted in the arrest of 27 people, including the group's national president, Jack "Milwaukee Jack" Rosga, 53, of Wisconsin, and others in Maine, North Carolina, Tennessee, South Carolina and Virginia, according to a press statement from the United States Attorney's Office in the Eastern Virginia District.

The Outlaws planned multiple acts of violence against rival motorcycle gangs, particularly the Hell's Angels Club.

Brad Beyersdorf, spokesperson for U.S. Bureau of Alcohol, Tobacco, Firearms and Explosives, whose agents were leading the investigation, couldn't

comment on the ongoing investigation Wednesday.

However, he, Linneweber and Peter Carr of the U.S. Attorney's Office all confirmed the investigation is ongoing in Montana and elsewhere.

"These investigations are typically long term," Beyersdorf said. "Oftentimes years and years."

The Outlaws typically represent their membership through distinctive markings on leather or denim vests, often including a diamond-shaped one-percenter patch.

"This one-percenter designation was in response to a proclamation issued in the 1940s by the American Motorcycle Association that 99 percent of persons in motorcycle clubs were law-abiding citizens," the indictment explains. "The one-percent patch signifies that the Outlaws member is in the other one percent, that is, not a law-abiding citizen."



BANTHEM

Whitehall caregiver arrested for pot

A Whitehall man stopped for speeding on Interstate 90 Wednesday morning was arrested after a Montana Highway Patrol trooper found 12 ounces of marijuana and 40 grams of hashish in his car, according to court documents.

However, David S. Liddick, 30, told Montana Highway Patrol Trooper Blaine Heavner he was a medical marijuana caregiver, but did not have his identification card with him, according to the trooper.

Heavner stopped Liddick on the highway near Belgrade around 9:15 a.m. Wednesday for driving 84 mph in a 75 mph zone, according to the court documents.

The trooper "detected a strong odor of marijuana" in the man's vehicle, he reported.

Liddick was arrested, charged criminal possession of dangerous drugs with the intent to distribute and taken to the Gallatin County jail.

He was released Thursday on his own recognizance.

From Chronicle news sources

50/10
11/11

JULY 20, 2010

BELGRADE NEWS

VALLEY NEWS

A3

City to consider law banning public pot use

BY MICHAEL TUCKER
STAFF WRITER

In light of the medical marijuana boom, Belgrade officials are in the process of drafting an ordinance that would ban public use of the drug, city officials said Monday.

The topic came up as a discussion item during the regular Belgrade City Council meeting Monday and city officials said an ordinance is necessary to regulate the gray areas of the state law.

During a public meeting this month when the commercial medical marijuana facilities were banned from city limits, many residents had additional concerns, Councilwoman Anne Koen topp said.

"When you listened to what the people said, the ban alone didn't just do the job," she said.
In a nutshell, the ordinance would only allow medical marijuana use on

private property and out of public sight, according to city officials.

And the council is supportive of the idea.

Councilwoman Connie Campbell voted against banning commercial

pot operators from city limits, but said marijuana use should remain indoors.

"I don't want to see people smoking it in public," Councilwoman Connie

Campbell said. "They need to do that at home."

Belgrade Chief of Police E.J. Clark said the law would resemble the open container ordinance currently on the books.

"I don't know of any other drug that the doctor would recommend for you and tell you to share with someone else,"

he said. "It's not going to be consumed in any way that it can be shared with another party. You really don't want someone out there smoking on the sidewalk and a little kid is walking around inhaling it either."

The ordinance would also mirror impaired driving laws to prevent passing the effects of a passenger smoking onto the driver, Clark said.

"If the passenger is smoking, then the driver is smoking," he said. "If the state says the patient can use it, then that's fine, but only the patient is going to use it and not anyone else."

City Manager Joe Mennucci said Clark and City Attorney Rick Ramler will sit down in the coming weeks to hammer out an ordinance. The group

will compare similar rules around the state to glean information.

In other business Monday, the council approved a first reading to abandon a portion of Grogan Street at the intersection of Spooner Road in front of Lalla Chadwick's home.

According to city records, Karp approved Chadwick's plan to erect a fence on the piece of ground. But Public Works Director Steve Klotz filed a complaint since the land is on public right of way.

"Klotz is trying to get people to move stuff out of the right of way and Karp was approving people to put a fence up in the right of way, according to city records."

A similar plot was abandoned in 2005 just north of the area in question. In the end, the council approved the resolution of intent July 6 and the first reading Monday. A public hearing is scheduled August 16.

Medical pot group defies state ban on video exams

By MATT VOLZ
Associated Press

1/19/2011

HELENA — An advocacy group is defying the state medical board's ban on using video teleconferences to examine people seeking medical marijuana cards, saying the medium is necessary for people who don't have access to a doctor.

The Missoula-based Montana Caregivers Network connects doctors with would-be patients by using the Internet video service Skype in what the advocacy group calls TeleClinics.

The state Board of Medical Examiners ruled in November that those examinations alone do not meet standards of care for certifying medical marijuana patients.

But the Montana Caregivers Network, which shut down its mass patient screenings last year after the board warned that participating physicians must make full patient examinations, is taking a stand against halting the video examinations.

Exams/ from A1

"The Board's position does not equate to law," the group wrote in its newsletter released Wednesday. "The Tele-Clinic service is vital in keeping medical marijuana accessible for patients in rural areas who cannot find a physician in their limited communities."

The advocacy group, founded by Jason Christ, has been one of the main organizations driving Montana's boom in medical marijuana. There were 27,292 medical marijuana patients registered with the state Department of Public Health and Human Services as of December. That's compared to 7,339 registered patients in December 2009.

Dr. Dean Center, a board member and Bozeman physician, bristled at the group's comments.

"This is certainly a provocative statement. Mr.

Christ has previously demonstrated that he is more interested in notoriety than in what is in the best interest of people" who seek to use medical marijuana, Center told The Associated Press on Thursday.

To be a registered medical marijuana patient in Montana, a person must submit an application to the state health department, along with a doctor's certification that they have a debilitating medical condition.

Christ has said the video conferences are necessary not just for rural residents, but for people in chronic pain not able to visit a doctor. Also, relatively few doctors are willing to provide the certifications for medical marijuana use.

The group advertises the video exams on its website: "Got a computer? You can visit the Doctor online, and get your green card. Doctors are available all day long, every day!"

Public pot use should be banned

Recently, the city of Belgrade imposed a ban on commercial medical-marijuana businesses, meaning only those that had applied for licenses before a March moratorium could operate here.

The ban means that commercial growers and dispensaries can't set up shop in Belgrade, save for the four or five that were already licensed to do so. The ban does not extend to registered medical-marijuana users, who can grow up to six plants in their own homes for their own use.

And the ban doesn't cover medical-marijuana users walking the streets of Belgrade while smoking pot. Since the voters of Montana made medical marijuana legal in 2004, users of the drug have been free to use their medicine when and where they see fit, within the confines of existing laws.

Now, the city of Belgrade is drafting an ordinance to restrict the public use of marijuana. Unlike the ban on commercial growers, a public-use rule is a good idea.

Jason Crist, head of the Mis-

soula-based Montana Caregivers Network, might disagree. This is the man who smoked pot on the steps of the state Capitol, and who publicly advocates for the public use of the drug. His argument is simple: We don't tell prescription drug users where they can or can't use their medicine and shouldn't restrict medical-marijuana patients' rights to do the same.

But medical marijuana isn't the same as traditional prescription medication, which isn't designed to be smoked. Those who smoke pot for medicinal purposes need to do so in the privacy of their homes, not out in public, where it can interfere with the clean air the rest of us enjoy.

A ban will help law enforcement officers, who currently have no authority to stop licensed medical-marijuana users from smoking the drug in public. Belgrade is on the right track with a proposal to restrict public use of marijuana, and we hope the ordinance will sail through to approval without too much rigamarole. It's the right thing to do.

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Use Abuse Addiction



State Summary: Substance Abuse

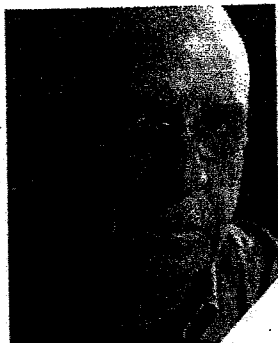
select state ☐

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» Montana: Drug Climate

The number one drug problem encountered in Montana is meth. Cocaine and marijuana also are common in Montana with ecstasy use escalating. The most abused drug in the state of Montana continues to be marijuana. Heroin is not a widely abused drug in the state.

- **Cocaine**
In 2001, the Montana Youth Risk Survey results indicated that 9% of high school students had experimented with cocaine at one point or another. The two main cities with high levels of cocaine use are Billings and Great Falls. Crack cocaine use is considered to be a sever problem on Native American reservations.
- **Heroin**
The availability of heroin is limited in the state of Montana. Though, black tar heroin use seems to be increasing in the western part of the state, predominantly in Missoula.
- **Meth**
Throughout Montana meth is becoming increasingly available. The law enforcement officers across Montana name meth to be the most significant drug problem.
- **Club Drugs**
Ecstasy use is escalating in the larger cities of Montana such as Billings and Great Falls, as well as at the college communities of Bozeman and Missoula. Other club drugs (ghb and ketamine) have not surfaced yet and are not considered a serious concern in the state of Montana.
- **Marijuana**
Marijuana is easily accessible throughout Montana and is the most commonly abused drug in the state. The majority of marijuana found in Montana originates from Mexico.



Robert Stutman

FOR THOSE OF US WHO DO NOT THINK **IT COULD** **BE OUR KIDS**

The following E-mail was received by Bob Stutman on October 1, 2006 from a CEO he knows. It is especially for those folks who do not think it could ever be "their kid".

Hi Bob,

This is Bill Olt from TEC I, you spoke to our group last year but I was unable to attend, instead I saw you at the Country Springs Hotel in Waukeasha, WI while you were doing Special Interest TEC/EA meeting. At that presentation I came up to you at a break and told you about my one son who was a senior in college who had just gone through withdrawal from Oxy-Contin. I also mentioned about my other son who studying to be doctor at the University of Pennsylvania. Jack had suffered with alcoholism but was also addicted to cocaine. You asked me if I was willing to share these stories with the group and I did.

Joe has been one who has been clean from Oxy-Contin for 16 months and started a successful career working with me in my business. All of his other friends that had been using Oxy-Contin have not been able to kick it and one of Joe's friends entered in-patient two weeks ago. Our other son, Jack, however has not been as fortunate. Jack graduated this year from Penn with an MD from U of Penn and an MBA from Wharton. He received his first choice to do his residency at Mount Sinai Hospital on the upper east side of Manhattan. (I assume you know exactly where I am speaking of.)

Before he started his job, Jack had gotten beat up in Chicago over Memorial Day weekend while

being drunk and stoned. He came to our house after the weekend with a black eye and swollen nose, he told me that he needed to go in-patient and I wholeheartedly agreed. Within two days Jack was in-patient at an alcohol and drug treatment facility in Florida. He stayed there 18 days before his residency started on June 19th. My wife, Pat, and I encouraged him to stay 90 days but Jack didn't want to jeopardize being discovered by the hospital and having his career jeopardized. Pat and I told Jack that his life meant more than having a set back in his career and that doctors have addiction problems just like people of every career. None-the-less, Jack went back to New York after 18 days of treatment and got into an outpatient program.

Pat and I had regular conversations with Jack and celebrated when he hit 30 days of sobriety, which was a first. He told me that four other times he had hit 29 days of sobriety and intentionally drank so he could not have to say he hit that milestone. It is such a crazy irrational type of thinking. Anyway, he then got to 60 days and beyond. On the last week of August Jack had a week of vacation from the crazy residency schedule. Pat and I spoke to him three times that week and I spoke to Jack on Friday, August 25th. He was telling me how good he was doing.

Jack graduated this year from Penn with an MD from U of Penn and an MBA from Wharton. He received his first choice to do his residency at Mount Sinai Hospital on the upper east side of Manhattan. (I assume you know exactly where I am speaking of.)

FOR THOSE OF US WHO DO NOT THINK **IT COULD** **BE OUR KIDS**

The final moments for Jack was him crawling off of a Holiday Inn elevator into the lobby on his hands and knees trying to get help but was having convulsions and could not talk. The maintenance man and hotel manager tried to communicate with Jack but he then collapsed and was dead.

Then at 4:25 AM on August 27th I received a call from Dr. Pulumbo of Thomas Jefferson Hospital in Philadelphia that Jack had died of complete cardiac arrest due to cocaine. She had worked a long time trying to resuscitate him but never was able to get a heart beat.

The final moments for Jack was him crawling off of a Holiday Inn elevator into the lobby on his hands and knees trying to get help but was having convulsions and could not talk. The maintenance man and hotel manager tried to communicate with Jack but he then collapsed and was dead.

When I received Jack's PDA/Phone from the hospital I found out another part of his life. In looking at his chat messages you found out much of what Jack's life was like. Jack had been lying; he did make 30 days of sobriety but was back to drinking and drugging in July. Despite the long hours of being a doctor in residency, Jack was continually at parties and clubs in NY and Philly. His friends were not low life's they were all college graduates and many with Master and PHD degrees. Excessive partying was part of all of their social lives and cocaine was something that was accepted by his peers and Jack got exposed to the drug life at an Ivy League medical school. It only took two years of use to consume him.

I am sharing this with you Bob because I know you are on a crusade against drugs in the work-

place and anywhere else. TEC members and everyone else need to know how serious this is and how many adults are using and abusing drugs and alcohol. I hope that you will be able to put our story to use as you tell your story

Truly,

--Bill

Chief Executive Officer



THE Nine Necessary Components of Being Involved with Your Children

1. Be there: Get involved in your children's lives and activities.
2. Open the lines of communication and keep them wide open.
3. Set a good example: Actions are more persuasive than words.
4. Set rules and expect your children to follow them.
5. Monitor your children's whereabouts.
6. Maintain family rituals such as eating dinner together.
7. Incorporate religious and spiritual practices into family life.
8. Get Dad engaged – and keep him engaged.
9. Engage the larger family of your children's friends, teachers, classmates, neighbors, and community.

"Being involved with your children on a regular basis is the key to raising your children drug & alcohol free" Robert Stutman

Joseph Califano, Founder & Chair CASA, Columbia University

The Stutman Group

Robert Stutman
www.TheStutmanGroup.com

Montana State Legislature
Human Services Committee
Hearing on HB161
2/2/2011

We support HB161

Imagine yourself as a Vice-Principal at a high school such as Belgrade. Sitting across from you is a student that is high from pot he bought legally with his medical marijuana card. You ask the student what are his plans for the future, college, trade school? His answer is I'm going to be a care giver at a medical marijuana dispensary. He can make more money doing this than with a four year business degree and our current law allows it.

The same goes for the teacher looking out her classroom window, across the school parking lot, a few feet away, Seniors enjoying their lunch of medical marijuana laced cookies. And there is nothing anyone can do.

Students with medical marijuana cards or access to medical marijuana through a parent sell 5\$ bowls at lunch time.

These are actual situations that are happening in our Montana high schools. They come as a direct result of the approval of medical marijuana and the school administrators and teachers are powerless to do anything about it. It is the responsibility of the legislature to adequately fund schools. It is also their responsibility to not take actions that impede the schools. All schools are required to meet Adequate Yearly Progress guidelines. How can they expect to meet those requirements if a majority of their time is spent in a continuous cycle dealing with kids using medical marijuana?

This bill is will go along way to reduced marijuana use in our schools. Medical Marijuana is a fallacy there is nothing medical about it. Since the Pure Food and Drug Act was approved in 1906, any drug marketed in the U.S must undergo rigorous scientific testing. This ensures the safety and therapeutic value, are supported by clinical evidence to keep dangerous drugs off the market. [1] Marijuana is not approved by the FDA. Despite the current administrations support of more liberal state marijuana laws, the federal government still discourages research into its medicinal uses. One reason, even though some patients swear by it, there is no good scientific evidence that legalizing marijuana's use provides any benefits over current therapies. [2] A 36 year study by the University of Mississippi, that has the only federally approved marijuana plantation, has shown that marijuana is not medically viable as a medicine. These studies have proven that marijuana is an insidious, physically damaging, mind altering, psychologically addicting drug that makes users irrational and emotionally unstable while damaging their immune system. [9] A study published by the British Journal of Psychiatry in 2005 found that 44.5%, of a sample of Cannabis users were diagnosed with Schizophrenia-spectrum disorders. There was a much higher chance of schizophrenia later in life for males that started using Cannabis at a younger age. [10]

Many legitimate Doctors choose not to recommend marijuana because it causes more known health complications, and addictive effects in addition to the patient's original condition, which are more dangerous than legal anti – emetics. [3], [4]

Medical marijuana already exists. It's called Marinol. It is found to relieve the nausea, vomiting, and loss of appetite associated with treatments for cancer and AIDS patients. Marinol has been studied and

approved by the medical community and the FDA. The active ingredient in marijuana – THC – is scientifically regulated in Marinol. There is four times the level of tar in a marijuana cigarette, for example, than in a tobacco cigarette. [5] A low dose of marijuana is 1 joint that costs about \$8.57. The same dose of Marinol costs about \$9.05. However, most insurance companies cover marinol which costs the patients \$0 to \$20 co-pay per prescription. [6]

The Montana Pharmacy Association of professional pharmacists will not support dispensing marijuana until medical research proves the drug's effectiveness. Pharmacists are allowed to dispense only drugs that are FDA approved. There is currently no accepted medical use for marijuana according to the U.S. Food and Drug Administration. Marijuana is still considered an illegal drug by the federal government. [7]

The initiative that put medical marijuana in place was passed with the idea of giving relief to people with no other alternative. There are other alternatives. The persons truly in need of relief are the ones most hurt by medical marijuana. People are being sold, uncontrolled, untested, unproven product with no safety controls, at a premium. I have spoken to many people that voted for the initiative, and they say, if they knew then, what they know now, they would never have voted for it. The initiative was written and funded by the Marijuana Policy Project, a California based organization. They paid \$554,505.00, 99% of the cost to promote the initiative. It never was a Montanan driven initiative. We are unknowingly supporting the illegal drug market that is in partnership with our meth problem in Montana, and this will get worse.


Robert Stutman, a former special agent of 25 years with the U.S. Drug Enforcement Administration, states that there are three absolute facts that many Americans fail to understand. First, law enforcement will never make drugs completely unavailable in the U.S. Second, most adults know almost nothing about the world of kids and drugs. And third, drugs are devastating our communities, homes and workplaces, and we fail to deal with this in a way that will make a substantial change. [8] Now as a legislative body there is a chance to make change. If you don't approve this bill you further legitimize the use of marijuana. You send the message to our children and the public as a whole that marijuana really isn't bad for you when in reality study after study tells of the harmful permanent affects of marijuana use, especially when started at a young age. However, if you approve this bill you are taking a positive stand for our children and society as a whole. You are saying "NO I WILL NOT LET THIS INSIDIOUS DRUG CONTINUE TO DAMAGE OUR CHILDREN".

In conclusion:

- Medical marijuana is in our schools and is having a detrimental affect on education and safety.
- Medical marijuana is uncontrolled, untested, unsafe, and is not approved by the FDA.
- There is an FDA approved safe alternative to Marijuana called marinol those most insurance companies cover the costs of.
- Marijuana is known to be harmful to those that use it.
- Marijuana is considered an illegal drug by the Federal Government.
- The initiative that put marijuana in our schools was passed because of mis-leading ads funded by an out of state special interest group.
- The best solution is to repeal the medical marijuana law.

We ask that you do what is truly right for all the people of this state by approving this bill and repeal the medical marijuana law.

Respectfully,


Joel & Charlie Murdy
1003 E. Silverbow
Belgrade, MT 59714

Attached to this letter are newspaper and magazine articles, other actual accounts, & investigative reports on how to get a green card within 8 minutes that give even more insight to the detrimental affect medical marijuana is having on our children, families, and society as a whole.

Sources

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5. 1/13/2011 <http://www.justice.gov/dea/ongoing/marinolp.html> The National Cancer Institute.
6. <http://medicalmarijuana.procon.org>
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9. <http://www.drugabuse.gov/infofacts/marijuana.html>
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